MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Primary Registration District No. 1 DO NOT WRITE AMENDED ON THIS STUB 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY b. COUNTY a. STATE VS 300 Mo AMENDED Washington Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN TOWN Potosi Yes ₽ No □ St. Louis hrs c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR INSTITUTION Yes 12 ™No 🗀 301 Mineral St. Yes ☐ No ☐k 2/10/ Luke's Hosp 3. NAME OF DECEASED Middle 4. DATE Day Year (Type or print) DEATH Harriet (Hattie) 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE Never Married 5. SEX 8. DATE OF BIRTH 78 WidowedX Divorced [/27/85 Female Can 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Jeff. Co.. USA Housewife Own Home 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Samuel Simpson George Wallace.sr. (dcd Nancy Dalton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates George Wallace jr., Potosi, Mo. ARE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART J. DEATH WAS CAUSED BY: 10 RECORD 11 INSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), Ī stating the underlying cause last. DUE TO (c) ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 81 disease condition given in PART I (a) AMENDMENTS . Unknown ☐ Yes 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE YES | NO 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. USE BLACK INK STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [READ 8 **TYPEWRITER** 21. I attended the deceased from date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD M.D. 23c. NAME OF CEMETERY OR CREMATOR 23a. BURIAL, CREMATION, 23b. DATE AFFIDA ġ REMOVAL (Specify) Potosi. Missouri 6/9/63 New Masonic Cem. 25. DATE RECD. BY LOCAL REG. **ADDRESS** ITEM 24. FUNERAL DIRECTOR 1963 Potosi. Mo Gum & Son

_	I hereby certify that th	e body whose nar	ne is re	corded on the reverse side of this certificate was embalmed by me,
or by:				, Student Embalmer No
workir	ng under my personal su	pervision.		
Studen				Signed William H Sum
	Signature of St	udent Embalmer		
-		,		Licensed Embalmer No. 5/55
	•		•	P. O. Address Porosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.